Supplemental Application Data Sheet

Application Information

Application Number:: 10/563,837 PCT/AT2003/000194 **International Application Number::** I.A. Filing Date:: July 10, 2003 Application Type:: Regular Subject Matter:: Utility Suggested Classification:: Suggested Group Art Unit:: CD-ROM or CD-R?:: No Number of CD disks:: None Number of copies of CDs:: None Sequence submission?:: No Computer Readable Form (CRF)?:: No Number of copies of CRF:: None Title:: DEVICE FOR PRODUCING EXPANDED FLAT MATERIAL Attorney Docket Number:: P29081 Request for Early Publication?:: No Request for Non-Publication?:: No Suggested Drawing Figure:: 1 **Total Drawing Sheets:** Small Entity?:: No Latin name:: Variety denomination name:: Petition included?:: No Petition Type:: Licensed US Govt. Agency:: Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

No

P29081.P08

Applicant Information

Applicant Authority Type:: Inventor Primary Citizenship Country:: **AUSTRIA** Status:: **Full Capacity** Given Name:: Franz Middle Name:: Family Name:: STUHLBACHER Name Suffix:: City of Residence:: Graz State or Province of Residence:: Country of Residence:: **AUSTRIA** Street of mailing address:: Am Arlandgrund 45 Graz

City of mailing address::

State or Province of mailing address::

Country of mailing address:: **AUSTRIA**

Postal or Zip Code of mailing address:: A-8045

Applicant Authority Type:: Inventor

Primary Citizenship Country:: **AUSTRIA**

Status:: **Full Capacity**

Given Name:: Markus

Middle Name::

Family Name:: **KRAICZAR**

Name Suffix::

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State or Province of Residence::

Country of Residence:: **AUSTRIA**

Street of mailing address:: Pirkergasse 10

City of mailing address:: Voitsberg

State or Province of mailing address::

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P29081.P08

Correspondence Information

Correspondence Customer Number:: 07055

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City of mailing address:: Reston

State of Province of mailing address:: VA

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Representative Information

Representative Customer Number:		7055	
-C	P-		
Registration Number::		Representative Name	
		-OR- Registration Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

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City of mailing address::

GRAZ

State or Province of mailing address::

Country of mailing address::

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Postal or Zip Code of mailing address::

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